

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1091 Office of Registrar of Vital Statistics. Ward 8<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 8<sup>th</sup> 1887

Full Name of Deceased, Harry Emmill { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bricklayer

Birth Place, Balto. Co. Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, 940 Greenmount. Av. { Give Street and Number. }

Cause of Death, Pneumonia { First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenland Station, Balto Co Md

Date of Burial, July 10<sup>th</sup>

{ Undertaker, W.C. Wiedefeld Edward J. DeWitt M. D. Medical Attendant.

{ Place of Business, 916 Greenmount Address, 208 Ave. 1<sup>st</sup>

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4755 Transit

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1092 Office of Registrar of Vital Statistics.

Ward 6<sup>11</sup>/<sub>9</sub>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup>, 1887

Full Name of Deceased, Geneva A. Hubbard  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, One (1) Years, Four (4) Months, Fifteen (15) Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore, Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, No. 1403 North Chester St  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
{ First (Primary), Second (Immediate), }  
Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 10<sup>th</sup>

{ Undertaker, Geo Schilling

{ Place of Business, Spiland Symas

Wm H. Cleudnew, M. D.

Medical Attendant.

Address, No. 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 1093

Office of Registrar of Vital Statistics.

Ward

8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death,

July 8<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lilly Bell

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

15

Days.

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

33 Balto

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

912 Grove St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

Short

All the above information should be furnished by the Physician.

Place of Burial,

Laurel cemetery

Date of Burial,

July 9<sup>th</sup> 1887

{ Undertaker,

Charles S. Butler

Geo. B. Reynolds

M. D.

Medical Attendant.

{ Place of Business,

2510 N. Caroline

Address, 711 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1094 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup>

Full Name of Deceased, John Gumbmann  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 818 St Peter st  
{ Give Street and Number. }

Cause of Death, Apoplexy  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 16<sup>th</sup> July

{ Undertaker, J. J. Schaefer

{ Place of Business, 190 Camden

Address, 418 S. Paca st

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1095 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Floetoch

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 3 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since born

Duration of Residence in the City of Baltimore, 2221 Boyer St

Place of Death, { Give Street and Number. } Cholera Infantum

Cause of Death, { First (Primary), Second (Immediate), } 1 day

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, July 9, 1887

{ Undertaker, Henry Keck, Son } J. G. Lause M. D.

{ Place of Business, 1022 Plein Road } Address, 1727 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1096 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard J Hall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age,                      Years,                      Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }                     

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Nursery & Childs Hospital

Cause of Death, { First (Primary), Second (Immediate), } Malnutrition ✓

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 9

{ Undertaker, C. F. Brown M. D.

{ Place of Business, 1139 Penna Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-1097 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, Owens W Gowan  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 2 1/2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Dr

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lif

Place of Death, Army & Child's Hospital.  
{ Give Street and Number. }

Cause of Death, Mal-nutrition  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 9

Undertaker, C. F. Blyzard

C. F. Blyzard M. D.

Place of Business, 1139 E. ... Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1098 Office of Registrar of Vital Statistics.

Ward 30

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within two hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 7th. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Daugherty, Jr.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 25 Years, 6 Months, 20 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } No. # 1114 Fulton Ave.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis.  
Athensia

Duration of Last Sickness, about nine months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 10 H. C. Phelps M. D.

{ Undertaker, } C. H. Pizzoni Medical Attendant.

{ Place of Business, } 1137 Address, No. # 1027 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

A 1099

Office of Registrar of Vital Statistics.

Ward

10<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Balt. July 9<sup>th</sup> 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Dora F. Valentine

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Balt.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

758 Mulberry St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Chorea Infantum  
Peritonitis

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

July 10<sup>th</sup> 1887

{ Undertaker,

W. Cadogan

Louis C. Horn

M. D.

Medical Attendant.

{ Place of Business,

227 Mulberry St.

Address,

Mulberry St. Myrtle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1100 Office of Registrar of Vital Statistics. Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Nicholl

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Mulatto

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 1431 Hamsted St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10<sup>th</sup> 1887 Wm N. Hill M. D.

{ Undertaker, St. Alban Dungee Medical Attendant.

{ Place of Business, 180 East St Address, 14388 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]